



Young Professionals of Fort Worth *Application*

Part I

Name: (Last) _____ (First) _____ (M.I.) _____

Date of Birth: _____ Hometown: _____

Phone Number: _____

Email Address: _____

College: _____

Degree: _____ Graduation Year: _____

Current Employer: _____

Current Title/Position: _____

Industry: _____

Gender: _____ Race/Ethnicity: _____

Part II

Please answer the following questions in 250 words or less:

- As a young professional, what is your motivation for joining this group?
- How will you benefit from being a part of YPFW?
- Where do you see yourself in 10 years?

Part III

Please send your completed application, short answers, and resume to Nicole Antonini at nicole.antonini@fwhcc.org. After your application is reviewed, you will be contacted to schedule an in-person interview.

Thank you